Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
711272711	or dorate of the transfer of t	IDENTIFICATION NO.	A. BUILDING: _		00000	
		N046049	B. WING		08/16/2	2013
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
BRIGHTON GARDENS OF PRAIRIE VILLAGE 7105 MISSION ROAD PRAIRIE VILLAGE, KS 66208						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS		S 000			
		represent the findings of a and Complaint Investigations KS0006614.				
S3420 SS=E	S3420 SS=E 28-39-256 MECHANICAL REQUIREMENTS (c) Mechanical requirements.		S3420			
	(1) Heating, air condisposes systems.	itioning, and ventilating				
	 (A) The system shall be designed to maintain a year-round indoor temperature range of 70oF or 21oC to 85oF or 26oC. (B) Each apartment or individual living unit shall allow the resident to control the temperature. (2) Plumbing and piping systems. 					
		evention devices or vacuum alled on fixtures to which be attached.				
	arranged to provide h times. The temperatu	oution systems shall be not water at outlets at all ure of hot water shall range 20oF at bathing facilities, in resident use areas.				
	(3) Electrical requiren	nents.				
	machinery and equip	ccupied by persons or ment within the buildings, gs, and parking lots shall g.				
	(B) Minimum ligh	nting intensity levels shall be				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE	SURVEY PLETED
		N046049	B. WING		08.	/16/2013
	ROVIDER OR SUPPLIER N GARDENS OF PRAIRII	7105 MI	ADDRESS, CITY, STAT SSION ROAD E VILLAGE, KS 66:			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$3420	lighted at all times. (D) Each light in equipped with shades panels. This REQUIREMENT by: K.A.R. 28-39-256-(c)(The facility identified a Based on observation interview the faacility temperatures as requipped to the facility. Findings included: - Observation on 8/8/13 floor common bathroom registered 124.5 degrobservation on 8/8/13 floor common bathroom water temperature regions on 8/8/13 common bathroom new temperature regions on 8/8/13 common bathroom new temperature regions on 8/8/13 bathroom near the tellocation	resident use areas shall be generally grades are as shall be generally grides, or glass are is not met as evidenced (2)(B) a census of 98 residents. In record review, and failed to maintain hot water ired in 4 of 4 common areas are from water temperature ees Farenheight (F). B at 9:38 A.M. the second of m near the wellness center, gistered 126.4 degrees F. B at 9:22 A.M. the third floor ear the television room, gistered 126.6 degrees F. B at 9:22 A.M. the common evision room, water	S3420	DETIGIENC		
	staff A stated he/she	d 125.2 degrees F. : 10:28 A.M. maintnenance spot checked 6 different ad had never calibrated				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N046049	B. WING		08/16/2013	
	ROVIDER OR SUPPLIER N GARDENS OF PRAIRII	7105 MIS	DDRESS, CITY, STA SION ROAD VILLAGE, KS 6			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
\$3420	The Policy and Proce Water Temperature L temperature reading v common areas and a appropriate water tem 105 to 120 degrees F	2/13 revealed water stained but lacked om, maintaince staff took es from. dure dated 10/5/2010 titled og revealed the water was taken daily from resident suite. The aperature would be between above or below the are. Jaintain the hot water 98 and 120 degrees	\$3420			